



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

SEXUAL HARASSMENT PROHIBITED

Effective Date: August 30, 2006

Policy #: HR-15

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- I. PURPOSE:** To establish procedural guidelines for the notification, investigation and disposition of complaints of sexual harassment.
- II. POLICY:** Employees of Montana State Hospital are entitled to a working environment that is free from all forms of discrimination, including sexual harassment. Sexual harassment is a form of discrimination which may affect employee decisions or create an offensive, hostile working environment and, as such, is strictly prohibited.

Violation of an employee's right to a work environment free of sexual harassment will result in immediate action by hospital management.

An employee who believes he or she has been the victim of sexual harassment is encouraged to report the incident(s) or action(s) as soon as possible after the alleged harassment occurs. Management's ability to investigate and act on reports diminishes with time.

III. DEFINITIONS:

- A. Sexual harassment is generally defined as unwelcome sexual advances, requests for favors and other verbal, physical and/or visual contact of a sexual nature when:
1. Submission is made either explicitly or implicitly a term or condition of an individual's employment.
 2. Submission or rejection by an employee is used as a basis for employment decisions affecting the employee.
 3. Such conduct has the purpose or effect of unreasonably interfering with an employee's work performance or creates an intimidating, hostile or otherwise offensive work environment.

IV. RESPONSIBILITIES:

- A. All Employees are responsible for adhering to this policy.

B. The Human Resources Director is responsible for sexual harassment-related investigations.

V. PROCEDURE:

A. An employee who believes he or she has been the subject of sexual harassment must report the alleged act as soon as possible to the following persons:

1. Immediate supervisor and or the first level supervisor who is not involved in the alleged act; and/or
2. the Director of Human Resources

B. The Director of Human Resources will give the employee the complaint form (copy attached) which is to be completed and returned to the Director of Human Resources within five (5) calendar days of receipt.

C. Upon receipt of the written complaint, the Director of Human Resources will immediately initiate an investigation of the complaint as required by law.

D. Substantiated sexual harassment will result in discipline in compliance with the Discipline Handling rules as set forth in Title 2, chapter 21, subchapter 65, ARM. Appropriate discipline may include discharge if the initial violation is sufficiently severe or if lesser violations are repeated.

SPECIAL CONSIDERATIONS

Employees have the right to representation at any step of the complaint process. Any cost associated with this shall be paid by the employee.

Employees who file complaints, witnesses who provide information, and persons who assist in the investigation, shall not be subject to any form of retaliation.

Union contract shall take precedence over this policy only when exception is clearly and specifically stated in the contract.

Management is not obligated to investigate and respond to a report of alleged sexual harassment if the incident or action occurred more than three (3) years prior to the report.

This policy will be easily accessible to all employees via electronic copy and hard copy.

VI. REFERENCES: Title 2, chapter 21, subchapter 65, ARM

VII. COLLABORATED WITH: Hospital Administrator, Department Directors

VIII. RESCISSIONS: #HR-15, *Sexual Harassment* dated September 1, 2002; HOPP# 12-04S. 031387, *Sexual Harassment* dated January 12, 1996.

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- _____/_____/_____
Ed Amberg Date
Hospital Administrator

_____/_____/_____
Todd Thun Date
Director of Human Resources

**MONTANA STATE HOSPITAL
SEXUAL HARASSMENT COMPLAINT FORM**

NAME OF COMPLAINANT: _____ WORKING TITLE: _____
MAILING ADDRESS: _____ WORK AREA: _____
_____ HOME PHONE: _____

BRIEFLY DESCRIBE ALLEGED COMPLAINT: _____

INDIVIDUAL(S) / WITNESSES INVOLVED IN
COMPLAINT

CLASSIFICATION OR TITLE

INDIVIDUAL(S) / WITNESSES INVOLVED IN COMPLAINT	CLASSIFICATION OR TITLE
1. _____	_____
2. _____	_____
3. _____	_____

DATE HARASSMENT OCCURRED OR BEGAN, OR IF CONTINUING, THE MOST RECENT
OCCURRENCE:

MONTH: _____ DAY: _____ YEAR: _____

HAS THE ALLEGED DISCRIMINATION COMPLAINT BEEN DISCUSSED WITH YOUR IMMEDIATE
SUPERVISOR? IF SO, BRIEFLY STATE ACTIONS TAKEN: _____

SPECIFY THE CORRECTIVE ACTION YOU ARE SEEKING: _____

COMPLAINANT'S SIGNATURE/DATE

HUMAN RESOURCES DIRECTOR'S SIGNATURE/DATE

Original: Human Resources
cc: Complainant